

TITLE XIX State: VERMONT

SUPPLEMENT 1 TO ATTACHMENT 4.19-B Page 1 

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

For Medicaid receipients with joint Medicare eligibility payment is made to providers in an amount determined by Medicare to cover coinsurance and deductible amounts remaining after Medicare payment.

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OMB No.: 0938-

STATE PLAN UNDER	TITLE	XIX OF	THE	SOCIAL	SECURIT	Y ACT	OFF.	
State/Territory:		Vermo	nt					Ser. Se
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Payment of Medicare Part A and Part B Deductible/Coinsurance

OTHER TYPES OF CARE

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

 Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_\_ of this attachment (see 3. below).

- Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
- 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_\_ of this attachment (see 3. above).

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Supplement 1 to Attachment 4.19-B Page 2

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

Vermont

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE

## Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A MR Deductibles MR Coinsurance Part B MR Deductibles MR Coinsurance
Other Medicaid Recipients	Part A MR Deductibles MR Coinsurance Part B MR Deductibles MR Coinsurance
Dual Eligible (QMB Plus)	Part A MR Deductibles MR Coinsurance Part B MR Deductibles MR Coinsurance

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	STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL SECURITY ACT
	State/Territory:	Vern	nont
		OTHER TYPES	
:	Payment of Medica	re Part A and	Part B Deductible/Coinsurance
QMBs:	Part A MR D	eductibles <u>l</u>	MR Coinsurance
	Part B MR D	eductibles <u></u>	MR Coinsurance
Other	Part & MR r	eductibles	MR Coinsurance
Medicaid	s Part B SP D		
	-	·····	
Dual	Part A MR D	eductibles _	MR Coinsurance
Eligible (QMB Plus	) Part B <u>SP</u> r	eductibles _	SP Coinsurance
TN No. 9 Supersede TN No. N		Date $\frac{4/27}{2}$	7/92 Effective Date 11/1/91

Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B AUGUST 1991 Page 3 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Vermont METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance

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